

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107518608**

APPLICANT(S)

FILING DATE

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      | /                      |      |                        |      |
| 3            |          |      | /                      |      |                        |      |
| 4            |          |      | /                      |      |                        |      |
| 5            |          |      | /                      |      |                        |      |
| 6            |          | /    |                        |      |                        |      |
| 7            |          | /    |                        |      |                        |      |
| 8            |          |      | /                      |      |                        |      |
| 9            |          |      | /                      |      |                        |      |
| 10           |          |      | /                      |      |                        |      |
| 11           |          |      |                        |      |                        |      |
| 12           |          |      |                        |      |                        |      |
| 13           |          |      |                        |      |                        |      |
| 14           |          |      |                        |      |                        |      |
| 15           |          |      |                        |      |                        |      |
| 16           |          |      |                        |      |                        |      |
| 17           |          |      |                        |      |                        |      |
| 18           |          |      |                        |      |                        |      |
| 19           |          |      |                        |      |                        |      |
| 20           |          |      |                        |      |                        |      |
| 21           |          |      |                        |      |                        |      |
| 22           |          |      |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
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| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
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| 41           |          |      |                        |      |                        |      |
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| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      | ↓                      | 72   | ↓                      | ↓    |
| TOTAL DEP.   |          |      | ↓                      | S    | ↓                      | ↓    |
| TOTAL CLAIMS |          |      | ↓                      | 78   | ↓                      | ↓    |

| *            | *    | *    | *    |
|--------------|------|------|------|
| IND.         | DEP. | IND. | DEP. |
| 51           |      |      |      |
| 52           |      |      |      |
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| 98           |      |      |      |
| 99           |      |      |      |
| 100          |      |      |      |
| TOTAL IND.   |      |      |      |
| TOTAL DEP.   |      |      |      |
| TOTAL CLAIMS |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS